

VZCZCXRO8644
PP RUEHROV
DE RUEHDS #1042/01 0991423
ZNR UUUUU ZZH
P 091423Z APR 07
FM AMEMBASSY ADDIS ABABA
TO RUEHC/SECSTATE WASHDC PRIORITY 5490
INFO RUCNIAD/IGAD COLLECTIVE
RUEHPH/CDC ATLANTA
RHMFISS/CJTF HOA
RUEAIIA/CIA WASHINGTON DC
RUEKDIA/DIA WASHINGTON DC
RHMFIUU/HQ USCENTCOM MACDILL AFB FL

UNCLAS SECTION 01 OF 02 ADDIS ABABA 001042

SIPDIS

SENSITIVE
SIPDIS

DEPT FOR G/AIAG, AF/EX, AND DS/IP/AF
USAID/W FOR AFR/SD, BGH/AI, AFR/ESA
CJTF-HOA FOR POLAD

E.O. 12958: N/A

TAGS: [ET](#) [KFLU](#) [TBIO](#) [AMED](#) [EAID](#) [EAGR](#) [SENV](#) [XW](#)
SUBJECT: AVIAN INFLUENZA UPDATE FOR ETHIOPIA

SENSITIVE BUT UNCLASSIFIED - PROTECT ACCORDINGLY

1. (SBU) SUMMARY: Post's inter-agency Avian Influenza Committee met March 29 to review the situation in Ethiopia with respect to a possible outbreak of Highly Pathogenic Avian Influenza (HPAI) in the country. While HPAI has been confirmed in several states bordering Ethiopia (Sudan and Djibouti), there is no evidence of HPAI in Ethiopia. Ethiopia remains at risk for HPAI, but risk of transmission may not be as high as originally stated, largely because Ethiopia has few large-scale poultry farms, and there is no cross-border movement of poultry into Ethiopia. USAID, CDC, FAO, WHO, and DFID continue to work with the Ethiopian government to prepare for and respond to potential future AI outbreaks, through supporting surveillance, prevention, and training activities. The GOE's recent revamping of its National Task Force for the Prevention and Control of Avian Influenza highlight that addressing other emerging zoonotic/epizootic diseases, such as Rift Valley Fever (which has occurred in neighboring Kenya and Somalia), may be a greater immediate concern for Ethiopian authorities. END SUMMARY.

2. (U) Emboffs, CDC, and USAID representatives reviewed the HPAI situation in Africa at Post's March 29 AI Committee meeting chaired by DCM. USAID highlighted that HPAI has been confirmed in Sudan, Djibouti, Egypt and Nigeria. While Ethiopia remains at risk for HPAI, risk of transmission may not be as high as originally stated, largely because Ethiopia has few large-scale poultry farms, and most families have only 6-12 chickens on their compounds. Compounds in rural areas also tend to be widely dispersed with little inter-mixing of poultry from household to household. Additionally, and perhaps most important, there is no cross-border movement of poultry into Ethiopia.

GOE CONDUCTING ACTIVE SURVEILLANCE

3. (U) The Ethiopian government, through assistance from FAO, is conducting active surveillance of farms (both household and poultry production) around the country, with a particular focus on border areas with Sudan and Djibouti. In mid-March 2007, samples collected from a poultry disease outbreak in Ethiopia's western Benishangul-Gumuz Regional State were submitted to the National Animal Health Research Center (NAHRC). Preliminary results indicate negative findings for HPAI, although replicate samples were sent to Weibridge, UK, for further analysis.

4. (U) Surveillance teams from the FAO and the GOE's Ministry of Agriculture and Rural Development (MOARD) are deployed throughout

the country. In March, a team from Dire Dawa Veterinary Laboratory conducted active AI disease surveillance by administering structured questionnaires in Dire Dawa Provisional Administrative Council, Harari Region; and in Shinile and Erer districts, of the Somali Region. The team visited 3 small-scale poultry farms and interviewed 84 farmers, none of whom reported observing any unusual mass die-offs or illnesses in either domestic or wild birds in the past 60 days. The team also collected information about livestock populations, veterinary infrastructure, and manpower. Surveillance teams are also briefing communities on AI risks and the need to report any bird diseases immediately to nearby agriculture offices or other designated authorities.

15. (U) Ethiopia's National Task Force for the Prevention and Control of Avian and Human Influenza, was recently revamped to address other emerging zoonotic/epizootic diseases such as Rift Valley Fever (RVF), and is now called the Epizootic Control Coordinating Committee. Because of the occurrence of RVF in neighboring Kenya and Somalia, Ethiopia is on the alert to prevent RVF and to minimize its impact in case of possible introduction. Thus far, there are no indications that RVF has been found in Ethiopia. A RVF contingency plan has been drafted and communication work is underway as part of the Government's effort to raise the level of public awareness to protect communities and livestock from this disease.

TRAINING AND COMMUNICATIONS CAMPAIGNS

16. (U) Communication campaigns addressing the prevention and management of AI are underway throughout Ethiopia. Recently, in the Oromia Region, an estimated 393,000 people received basic avian influenza information over a one-week period. Messages covered 52 districts in nine zones of the region, and focused on students,

ADDIS ABAB 00001042 002 OF 002

farmers, animal and human health professionals, and educators. Over 300 Tigray residents received training recently, which will enable them to conduct communication campaigns throughout the region. Other communication campaigns are being conducted in the Southern Nations, Nationalities and Peoples Region (SNNPR); Benishangul-Gumuz; and Somali regions. To ensure responsible reporting on AI in Ethiopia, Embassy PAO sent a journalist from the Addis Ababa-based Amharic-language newspaper "Addis Admas" to a Voice of America training seminar on this subject, which took place in Nairobi the week of April 2.

17. (U) In January 2007, training on poultry bio-security, culling and vaccination was conducted at the Jijiga Regional Veterinary Laboratory for 16 new animal health technicians (AHT) from the Faculty of Veterinary Medicine (Jijiga Campus), selected from different Somali Region districts. Training included practical sessions on intra-muscular and subcutaneous vaccination techniques, as well as on culling and post-mortem procedures. Trainees also received AI posters and brochures.

USAID AND CDC SUPPORT HEALTH MINISTRY

18. (U) USAID support to WHO has targeted the prevention of a human outbreak of HPAI in Ethiopia. WHO has been working with the Ministry of Health to train health workers on AI detection and case management. WHO protocols for specimen testing, collection, transport and shipping have been adapted for Ethiopia, and are being used to train laboratory technicians at the Ethiopian Health and Nutrition Research Institute (EHNRI). WHO is also strengthening the laboratory network in the country, and is supporting key regional labs and their linkages to EHNRI.

19. (U) CDC is working with the Ministry of Health and is supporting the secondment of two advisors to the MOH Emergency Operations Center. In addition, CDC has supported the revision and finalization of the AI training of trainer materials targeting Emergency Operations Center staff at the regional level, as well as human health surveillance and outbreak investigation teams. CDC

also supplied equipment for the AI lab at EHNRI.

¶10. (U) Mission points of contact are: Judith Robb-McCord, USAID/Ethiopia Health Officer (251-11-551-88) and Carolyn Greene, CDC/Ethiopia Deputy Director for programs (251-11-4669566).

YAMAMOTO